

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90008 016 ***150.00

DOCUMENT # P97000065450

1. Entity Name

ISLANDERS' OUTPOST, INC.



Principal Place of Business

4451 POINT HOUSE TRAIL
UPPER CAPTIVA FL 33945

Mailing Address

P.O. BOX 334
PINELAND FL 33945

40015135



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

4451 Point House Tr

Suite, Apt. #, etc.

N/A

3. Mailing Address

P.O. Box 334

Suite, Apt. #, etc.

N/A

City & State

UPPER CAPTIVA, FL

City & State

PINELAND, FL

Zip

33945

Country

LEE

Zip

33945

Country

LEE

4. FEI Number

65-0780918

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY S
4451 POINT HOUSE TRAIL
NORTH CAPTIVA FL 33945

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, word or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/1/05
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WALKER, GARY S	
STREET ADDRESS	4241 POINT HOUSE TRAIL	
CITY-ST-ZIP	UPPER CAPTIVA FL 33945	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JARMOSZUK, NICHOLAS	
STREET ADDRESS	21884 AVALON DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	S	<input type="checkbox"/> Delete
NAME	JARMOSZUK, DIANE	
STREET ADDRESS	21884 AVALON DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE	T	<input type="checkbox"/> Delete
NAME	JARMOSZUK, DIANE	
STREET ADDRESS	21884 AVALON DRIVE	
CITY-ST-ZIP	ROCKY RIVER OH 44116	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 239-492-3000
DATE Daytime Phone #